



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER, Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 6, 2007

Marcy Turner, Administrator
Eagle Assisted Living
1377 North Trail Creek Way
Eagle, ID 83616

Dear Ms. Turner:

On February 26, 2007, a life safety code survey was conducted at Eagle Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Grimes", with a long horizontal flourish extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R811	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE FACILITY B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2007
NAME OF PROVIDER OR SUPPLIER EAGLE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1377 N TRAIL CREEK WAY EAGLE, ID 83616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 26, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE